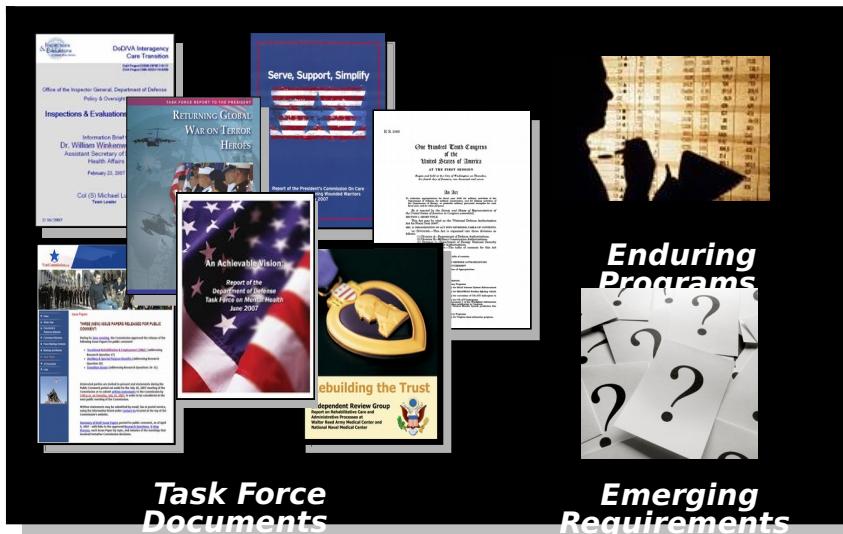


TBI/PH Requirements Background

TBI/PH Program Requirements



Five Guiding Principles

- Provide strong, visible leadership and necessary resources
- Create / disseminate / maintain excellent standards of care
- If best practices are unavailable, conduct pilot or demonstration projects to better inform quality standards
- Monitor and revise access, quality, and program implementation to ensure standards and consistent quality
- Build a system where each can expect and receive the same level of service and quality of Service, regardless of Service, Component, status, or geographic location

Seven Strategic Goals

Expand Access to Care

Improve Quality of Care

Support Transition

Improve Screening & Surveillance

Build Resilience

Conduct Research

Build a strong culture of Leadership & Advocacy

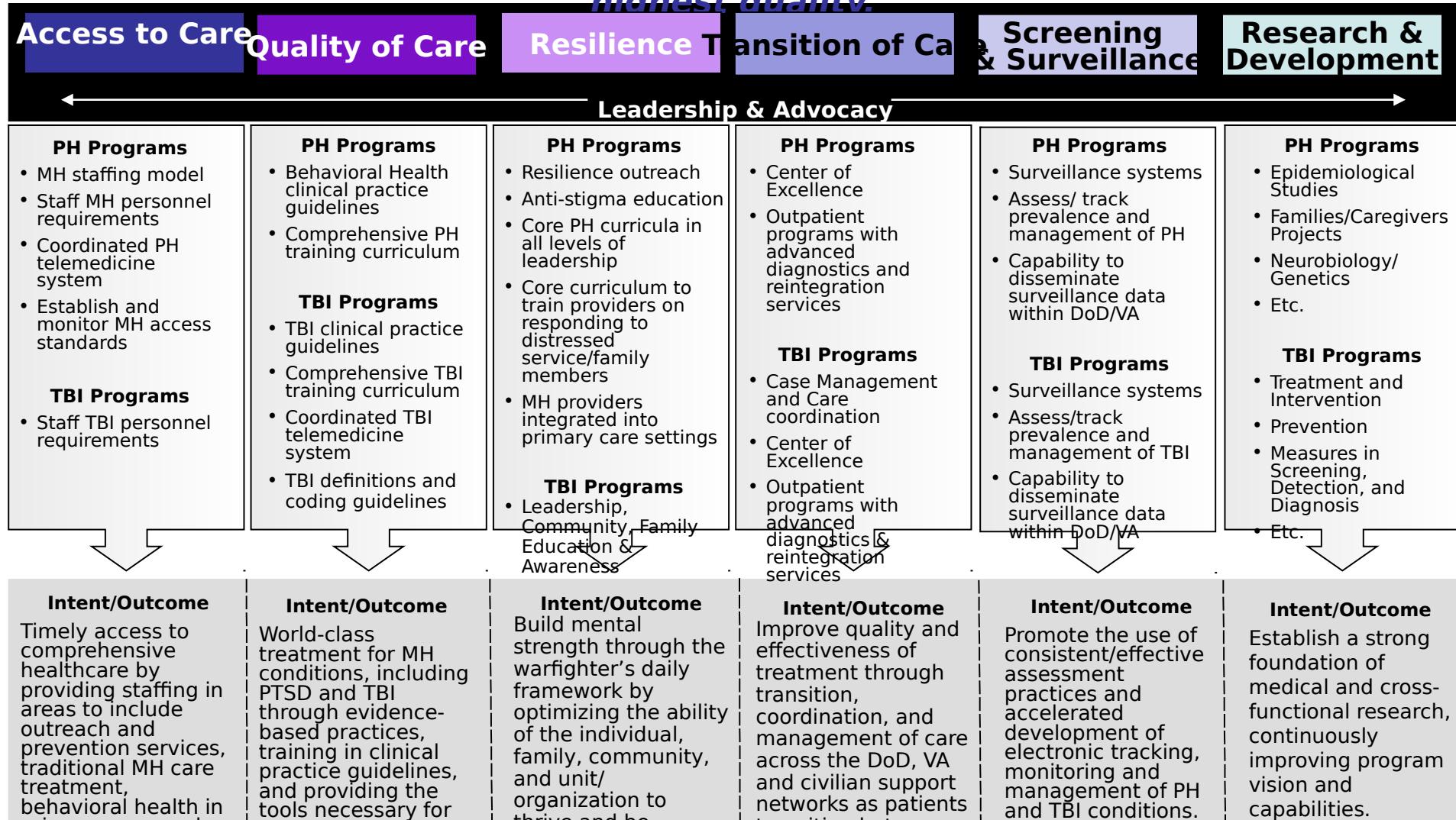
Programs

Supporting Projects

Apart from the war itself, we have no

Strategic Framework

Mission: To create and sustain a TBI/PH continuum of care of the highest quality.



Apart from the war itself, we have no

SOC Accomplishments

Leadership and Advocacy

MAY 2007

DECEMBER 2008

<ul style="list-style-type: none">• No concentrated focus on PH/TBI issues	<ul style="list-style-type: none">• DCoE established to provide leadership and expert guidance• Conducted strategic summits to inform policies and programs• National Center of Excellence, to be completed 2009
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SOC Accomplishments

Quality of Care

MAY 2007

DECEMBER 2008

<ul style="list-style-type: none">• TBI specific ICD-9 codes do not exist• No Clinical Practice Guidelines for mild TBI• Decentralized and non-standard PTSD and TBI training	<ul style="list-style-type: none">• Submitted proposed revisions to ICD-9 codes for publication in 2009 (will enable better tracking; clinical management)• Published clinical guidance for management of mild TBI in deployed / non-deployed activities• Trained over 1,100 DoD/ network providers on evidence-based treatment for PTSD; and over 1,600 providers in evidence-based TBI
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SOC Accomplishments

Access to Care

MAY 2007

DECEMBER 2008

<ul style="list-style-type: none">• Access standard for initial MH appointment: 30 days• Psychological health staffing not standardized• No Psychological Health Telemedicine capability	<ul style="list-style-type: none">• Standard updated to a 7 days; increasing compliance at MTFs• Interim staffing model developed• 233 MH providers hired (full implementation validation underway)• Negotiated agreement with DHHS to provide 200 Public Health Officers for MTFs• Initiated multiple telemedicine pilot programs to provide MH services to personnel and families, regardless of geographic location
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Apart from the war itself, we have no

SOC Accomplishments

Transition of Care

MAY 2007

DECEMBER 2008

<ul style="list-style-type: none">• Case management and care coordinators for Wounded, Ill, and Injured Service members with TBI / MH conditions are not readily available	<ul style="list-style-type: none">• Enhanced DVBIC Care Coordination for TBI• Funded Case Managers / Care Coordinators for SMs with TBI/MH conditions
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SOC Accomplishments

Screening and Surveillance

MAY 2007

DECEMBER 2008

<ul style="list-style-type: none">Inadequate process to assess or document deployment TBI concerns	<ul style="list-style-type: none">Added TBI questions to Post-Deployment Health Assessment and Reassessment forms
<ul style="list-style-type: none">No method for assessing or evaluating changes in neuro-cognitive function	<ul style="list-style-type: none">Implemented NCAT across the enterprise; over 140,000 to date
<ul style="list-style-type: none">No common definition of TBI	<ul style="list-style-type: none">Published DoD TBI definition / reporting policy

SOC Accomplishments

Resilience

MAY 2007

DECEMBER 2008

- Aversion to seeking care for MH conditions
- Limited training for line leadership
- Lack of child and adolescent PH programs

- Launched pro-resilience campaign
- Created Service awareness and understanding, including leadership education and training
- Sponsored Sesame Street production for children of returning ill and injured

SOC Accomplishments

Research

MAY 2007

DECEMBER 2008

<ul style="list-style-type: none">• Lack of evidence-based practices for resilience; gender- and ethnic-specific PTSD/TBI issues	<ul style="list-style-type: none">• Funded numerous research programs to provide more understanding, and foundation for evidence-based practices
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